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FACSIMILE TRANSMISSION COVER SHEET

Date: August 12, 2003
To: Examiner Thomas Dickey, Art Unit 2826
United States Patent and Trademark Office
Fax: (703) 746-4121
Re: Application Serial No.: 09/977,444
F&F LLP Docket No.: 0190107
From: Lori Llave, Paralegal

Number of pages including the cover sheet: 31

Message:

Per your request, enclosed please find a copy of the Amendment and Response to Non-Final Office Action filed on April 21, 2003, and a copy of the return postcard for the above-referenced patent application. Please note that the USPTO received the Amendment and Response on April 28, 2003 per USPTO stamp on the postcard.

Please contact our office should you have any questions or comments.

Thank you.

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Attorney Docket No.: 0190107

AMENDMENT COVER SHEETIN RE APPLICATION OF: JanesickSERIAL NO.: 09/977,444 FILED: October 15, 2001FOR: Imager Cell with Pinned Transfer GateHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	10	MINUS **71	* = 0	x 18	x 9	\$
INDEPENDENT	1	MINUS ***9	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0190107

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/21/03By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

4/21/03

Signature

Lexi Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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